


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000071141 (4) 1. Corporation Name SELECT INTERNATIONAL, INC.					
Principal Place of Business 5409 HARRISON STREET HOLLYWOOD FL 33021			Mailing Address 5409 HARRISON STREET HOLLYWOOD FL 33021-8408		
2. Principal Place of Business 21 1400 ST. CHARLES PL Suite, Apt. #, etc. 22 PH 24 City & State 23 PEMBROKE PINES, FL. Zip 24 33026		2a. Mailing Address 26 1400 ST. CHARLES PL Suite, Apt. #, etc. 27 PH 24 City & State 28 PEMBROKE PINES, FL. Zip 29 33026		3. Date Incorporated or Qualified 10/13/1993 3a. Date of Last Report 05/29/1996 4. FEI Number 65-0441502 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JISA, DANIELA 5409 HARRISON STREET HOLLYWOOD FL 33021			10. Name and Address of New Registered Agent 61 Name JISA, DANIELA 62 Street Address (P.O. Box Number is Not Acceptable) 1400 ST. CHARLES PL. #PH24 63 64 City PEMBROKE PINES FL 65 Zip Code 33026		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature by or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE PST <input type="checkbox"/> DELETE NAME JISA, DANIELA STREET ADDRESS 5409 HARRISON ST. CITY-ST-ZIP HOLLYWOOD FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.					



SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIELA JISA

4/22/97 (954) 441-7393

CR2E034 (9/96)